## Michigan Department of Agriculture and Rural Development

Michigan	P.O. BOX LANSING Phone: 51 DAIRY T In Accord	N							
Department of AGRICULTURE & Rural Development	☐ New Application ☐ No Longer Needed								
STEP 1: ORGANIZATION INFORMATION									
*Ownership Type: Corporation Limited Liability Co. Partnership								ip	
☐ Sole Proprietor ☐ Joint Tenant ☐ Individual									
*Ownership Name:									
**Federal Identification #:									
Email Address:									
*Mailing Address:									
*City: *State:			*Stata•	*Zip:					Office Use Only
· City:			· State.			Zip.			1286
STEP 2: BUSINESS INFORMATION									
*Business Name:									
*Address:									
*City:	y:		*State:		*Zip:				*County:
STEP 3: CONTACT INFORMATION									
*Primary Contact Name:						*Phone:			
Email:				Address:					
City:		State:			Zip:				Country:
Additional Contact Name: Phone:									
Email:				Address:					
City:	State:			Zip:					Country:
STEP 4: DAIRY	TANK TRU	CK W	ASH FEE - Make ch	heck/r	money	orders po	ayable to i	the State (	of Michigan
*Nonrefundable Dairy Tan Truck Wash \$250.00 ASC								ASC H	ot Key (mdard use only): 1286

By submitting this application and payment I hereby verify and affirm that all information contained in this application is true and accurate.

<sup>\*</sup> Please note that all fields marked with an asterisk (\*) are required and must be completed in order to process your license application

<sup>\*\*</sup> Please note Federal Identification Number is not required for Individual Ownership Types